

County: Dane
 WAUNAKEE MANOR HEALTH CARE CENTER
 801 KLEIN DRIVE

Facility ID: 9340

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WAUNAKEE 53597 Phone: (608) 849-5016
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 104
 Total Licensed Bed Capacity (12/31/02): 104
 Number of Residents on 12/31/02: 92

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 97

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		34.8
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		41.3
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	3.3	More Than 4 Years		23.9
Day Services	No	Mental Illness (Org./Psy)	21.7	65 - 74	9.8			-----
Respite Care	Yes	Mental Illness (Other)	33.7	75 - 84	27.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.2	95 & Over	18.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	19.6		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	12.0	65 & Over	96.7	-----		
Transportation	No	Cerebrovascular	5.4		-----	RNs		8.8
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		7.1
Other Services	No	Respiratory	0.0	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	20.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	79.3			31.0
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
		Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Level of Care	No.	%																		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Skilled Care	12	100.0	333	38	97.4	111	0	0.0	0	39	95.1	160	0	0.0	0	0	0.0	0	96.7	
Intermediate	---	---	---	1	2.6	92	0	0.0	0	1	2.4	150	0	0.0	0	0	0.0	0	2.2	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	1	2.4	150	0	0.0	0	0	0.0	0	1.1	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Total	12	100.0		39	100.0		0	0.0		41	100.0		0	0.0		0	0.0	92	100.0	

Admissions, Discharges, and Deaths During Reporting Period			Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02						

Percent Admissions from:			Activities of		% Needing		Total		
				%	Assistance of	% Totally	Number of		
Private Home/No Home Health	2.1		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents		
Private Home/With Home Health	2.1		Bathing	0.0	80.4	19.6	92		
Other Nursing Homes	2.1		Dressing	12.0	66.3	21.7	92		
Acute Care Hospitals	85.0		Transferring	21.7	62.0	16.3	92		
Psych. Hosp.-MR/DD Facilities	0.0		Toilet Use	12.0	58.7	29.3	92		
Rehabilitation Hospitals	1.1		Eating	57.6	25.0	17.4	92		
Other Locations	7.5		*****						
Total Number of Admissions	187		Continence		%	Special Treatments	%		
Percent Discharges To:			Indwelling Or External Catheter	2.2		Receiving Respiratory Care	8.7		
Private Home/No Home Health	17.7		Occ/Freq. Incontinent of Bladder	87.0		Receiving Tracheostomy Care	1.1		
Private Home/With Home Health	15.1		Occ/Freq. Incontinent of Bowel	73.9		Receiving Suctioning	0.0		
Other Nursing Homes	2.1					Receiving Ostomy Care	4.3		
Acute Care Hospitals	28.1		Mobility			Receiving Tube Feeding	2.2		
Psych. Hosp.-MR/DD Facilities	0.0		Physically Restrained	7.6		Receiving Mechanically Altered Diets	76.1		
Rehabilitation Hospitals	0.0								
Other Locations	13.5		Skin Care			Other Resident Characteristics			
Deaths	23.4		With Pressure Sores	3.3		Have Advance Directives	93.5		
Total Number of Discharges			With Rashes	4.3		Medications			
(Including Deaths)	192					Receiving Psychoactive Drugs	82.6		